Cross Connection Control Survey

In order to protect the City of Woodland's water supply from being contaminated, we are conducting a survey to determine if there are any hazardous conditions that could affect our drinking water.

We appreciate you taking the time to complete the survey. Surveys can be completed on the city website www.ci.woodland.wa.us, mailed with utility bill, or dropped at either the city drop box or the Annex located at 230 Davidson Ave.

If you have questions regarding the survey please contact Robert Choate in the City of Woodland Public Works Department at 360-225-7999.

Please enter site address:

Circle Type of Use: Residential Commercial Medical Industrial Government Agricultural

Do you have any other source of water, such as a private well, pond, lake, tank or reclaimed water that is connected to the public water supply?
☐ Yes ☐ No

If yes, what type of source is connected to the public water supply?

Are there any backflow prevention devices installed on the premises?
☐ Yes ☐ No

If so, does this device get tested annually?
☐ Yes ☐ No

If so, are the results sent to the City?
☐ Yes ☐ No

Do you have a permanent in-ground lawn irrigation system installed on your property? This does not include lawn water devices attached to a garden hose.:
☐ Yes ☐ No

Do you have a swimming pool and/or hot tub?:
☐ Yes ☐ No

If yes, is the above filled by a permanent connection to the water system?:
☐ Yes ☐ No
Is your facility heated by a boiler?:
☐ Yes ☐ No

Do you have any of the equipment listed below on the premises? (Check all that apply):
☐ Fire Sprinkler System ☐ Pressure Booster
☐ Temporary Service ☐ Sterilizer
☐ Car Wash Facilities ☐ Photo Processor OR X-ray Machine
☐ Chemical Feeder ☐ Water Softener
☐ Soap Injector ☐ Shampoo Bowl
☐ Industrial Fluid System ☐ Outdoor Yard Hydrant (a plumbing fixture which stands upright out of the ground)
☐ Steam Equipment
☐ Truck or Tank Filling Equipment
☐ Soft Drink Dispenser
☐ Water Cooled Equipment

This section should only be filled out by Commercial Properties. Please skip this section if you are a single family residential location.

Do you have industrial air conditioning equipment on the premises?:
☐ Yes ☐ No

If so, does the equipment have an air washer on the premises?:
☐ Yes ☐ No

Does the equipment have a condenser washer on the premises?:
☐ Yes ☐ No

Comments regarding the survey:
__________________________________________________________________________________________
__________________________________________________________________________________________

The information provided in this survey form is an accurate and current description of the water system at this address. Please print and sign your name below as confirmation of the person completing the survey:

Printed Name

Signed Name

Date